

GASOLINE TAX REFUND CLAIM

State of California

Send completed forms to:
California State Controller
Bureau of Tax Administration
P.O. Box 942850
Sacramento, CA 94250-5880

Contact Information:
Phone: (916) 445-4868
Fax: (916) 327-7116
E-mail: gtr@sco.ca.gov
Public Website: www.sco.ca.gov

For SCO Use Only

Claim No./Received Date

Address Change ☐ First-Time Claimant ☐ Renewal Claimant ☐ SCO Account No. _____

1. Name of Claimant _____ Federal Tax Id No. _____

2. Mailing Address
Street Address _____ City _____ State _____ Zip _____

3. Location of Operation
Street Address _____ City _____ State _____ Zip _____

4. Contact Information (_____) (_____) _____
Telephone Number – include area code Fax Number - include area code E-mail Address

5. Filing Period: Calendar Year _____ Other: (See instructions) From _____ To _____

READ INSTRUCTIONS BEFORE PREPARING CLAIM – Type or Print Clearly

| REFUNDABLE GALLONS / AMOUNT CLAIMED | GALLONS | GALLONS |
|---|---------|---------|
| 6. FUEL PURCHASED (Enter total from Schedule A)..... (If an inventory method is used, enter the amount from Schedule D, Line 12) | (6) | |
| 7. REFUNDABLE FUEL (If the inventory method is used, enter the amount from Schedule D, Line 10) | (7) | |
| 8. NON-REFUNDABLE FUEL (Subtract line 7 from line 6)..... | (8) | |
| 9. REFUND CLAIMED (Line 7 times \$0.18, or \$0.06 if Paratransit)..... (If greater than \$500, complete Schedule B / C) | \$ (9) | |

USAGE INFORMATION

10. Type of Operation: ☐ Farm – No. of acres _____ ☐ Export ☐ Public Transportation/Paratransit – Contract Expires _____
☐ Other – Describe _____ (Attach additional page if needed)

11. Method(s) Used to Determine Refundable Gallons: ☐ Specific ☐ Percentage
☐ Other – Describe _____ (Attach additional page if needed)

12. Vehicles/Equipment: No. of Licensed Vehicles _____ No. of Unlicensed Vehicles _____ No. of Other Equipment _____

CERTIFICATION: Under penalty of perjury, I hereby certify that I have full knowledge of this claim, that the fuel was purchased and taxed in California on the dates and in the amounts shown; that the fuel has been used in the manner indicated; that I am entitled to a refund based upon certain use of the fuel in accordance with California law, especially Part 2, Division 2, of the Revenue and Taxation Code. No refund has been requested for the gallons claimed prior to this date. All supporting documents will be maintained for a period of not less than four (4) years from the date of refund issuance.

Claimant's Signature **X** _____ Title _____ Date _____

Claimant's Name _____ Phone (_____) _____
(Please print clearly)

Preparer's Name _____ Title _____ Phone (_____) _____
(If different, please print clearly)

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|----------------------|---------|------------------------------------|---------|---|--------|--------------|------|
| County | | SCO Date | Date | Desk Audit Exception | | | |
| Industry | | Desk Audit | By Date | | | | |
| Rate | | Sent for Field Audit | To Date | | | | |
| Field Audit Results | By Date | <input type="checkbox"/> No Change | | <input type="checkbox"/> Gallons Disallowed | A/R \$ | A/R Recorded | Date |
| Field Audit Comments | | | | | | | |